

PICKERINGTON LOCAL SCHOOL DISTRICT

Request for Specialized Health Care or Emergency Care of a Student

PHYSICIAN AUTHORIZATION

(Letter may need to be amended to meet circumstances)

Dear Physician:

Your patient, _____, _____,
(student's name) (student's address)

_____, is attending Pickerington Local School District. The parents are requesting that
(date of birth)
specific health care or emergency care procedures be provided while the student is at school or during school activities. We are requesting your assistance in identifying the health information related to services that need to be provided in the school setting. We look forward to working with you to provide an appropriate and safe educational experience for your patient.

Summary of health care or emergency procedure to be provided to the student:

_____ I have reviewed and approved the attached procedure as written.

_____ I have reviewed and approved the attached procedure with the modifications that I have indicated in writing and attached.

_____ Please contact me to discuss this matter prior to my reviewing and / or approving any procedures.

Other recommendations

(Please indicate any additional information needed to provide the health care or emergency procedure such as any information related to time, schedule, dosage, duration of treatment, special precautions, possible adverse reactions. Use attachment if additional space is needed.)

Physician's Signature _____ Date ____/____/____

Physician's Printed Name _____

Physician's Address _____

Physician Telephone _____

Expiration date, if any, of administration of specialized health care or emergency care procedures:
____/____/____

Adopted: 7/9/07